

LSTA SUB-GRANT PROJECT APPLICATION FORM – FFY 2005 PROGRAM FUNDS

LIBRARY SERVICES AND TECHNOLOGY ACT – PL 108-81, AS AMENDED

FOR SCSL USE ONLY --

LSTA Sub-Grant Award #: _____

FFY 2005 Program Funds

CFDA No. 45.310

Appropriations enacted by P.L. 108-447

#LS-00-05-0041-05

South Carolina State Library

1430 Senate Street

P.O. Box 11469

Columbia SC 29211

Sub-Grant Project Title:

I. Applicant (*organization*) Name and Address:

II.(a) Project Administrator: _____
Telephone Number: _____
E-Mail: _____

II.(b) Fiscal Officer: _____
Telephone Number: _____
E-Mail: _____

III. U.S. Congressional District(s) Served by Project:

IV. Number targeted for service: _____

V. Primary Users(s): _____
Secondary User(s) [*optional*]: _____

VI. Primary Service(s): _____
Secondary Services(s) [*optional*]: _____

VII. LSTA Purpose:

VIII. South Carolina's State Goal: _____

IX. Evaluation Method (*Check one*): OBE Other Combination

XI. Proposed Budget	Grant Funds	State Aid Matching	Lottery Matching	Local Matching**	Total
Personal Services	\$	\$	\$	\$	\$
Library Materials	\$	\$	\$	\$	\$
Equipment *	\$	\$	\$	\$	\$
Other *	\$	\$	\$	\$	\$
TOTAL	\$	\$	\$	\$	\$

*Include description/explanation in project narrative.

**Project budget narrative must specify exact amount for cash vs. in-kind local match.

Submitted by: (Print Name) _____

Title: _____

Signature: _____

Date: _____